



Texas Department of Health

William R. Archer III, M.D.  
Commissioner of Health

<http://www.tdh.state.tx.us>

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Executive Deputy Commissioner

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Dear First Responder Organization Administrator:

Emergency Medical Services (EMS) Rule §157.21 was adopted by the Texas Board of Health on October 21, 1992, and requires that all First Responder Organizations (FRO) register with the Bureau of Emergency Management. This rule, effective March 1, 1993, applies to your organization, if:

- (1) your group routinely responds to emergency medical situations;
- (2) your employees and/or volunteers are certified in EMS by the Texas Department of Health; and
- (3) your organization does not transport patients.

Individuals are exempt from required fees if they provide emergency care for a registered FRO or licensed transporting EMS provider without receiving compensation. All unofficial FRO's will not be recognized and EMS personnel affiliated with such firms cannot receive fee exemptions on that basis.

Enclosed is an application for registration as a FRO. Please take the time to accurately complete and sign/date the application, and mail it, along with all the required documents to your local public health region office. Region office addresses and phone numbers are listed separately.

EMS Standards  
Bureau of Emergency Management

Enclosures



**BUREAU OF EMERGENCY MANAGEMENT**  
**EMS FIRST RESPONDER ORGANIZATION REGISTRY APPLICATION**

**“First responder organization” means a group or association of certified emergency medical services personnel that, working in cooperation with a licensed emergency medical service provider, provides immediate on-scene care to ill or injured persons, but does not transport those persons.**

TDH USE ONLY: ALS / BLS      Expiration Date: \_\_\_\_ / \_\_\_\_      Firm #: \_\_\_\_\_      PHR #: \_\_\_\_\_

**FIRST RESPONDER ORGANIZATION INFORMATION**

Organization Name:								
Mailing Address:					Street Address:			
City:		TX	Zip:		County:			
Telephone #:	(    )	Fax #:	(    )	Internet Address:				
Administrator Name:						Telephone #:	(    )	
Medical Director Name:						Telephone #:	(    )	
<p>Are any employees and/or volunteers certified by the Texas Department of Health? <span style="float: right;"><b>G</b> yes    <b>G</b> no</span> (To be recognized as a First Responder Organization, some, but not all members must be certified by TDH)</p> <p>Do you have a transport vehicle or transport patients? <span style="float: right;"><b>G</b> yes    <b>G</b> no</span> (If the organization has a transport vehicle and transports patients, provider licensing is required)</p> <p>Describe your coverage area: _____ Hours of coverage in a day: _____ (i.e. portion of county or city, entire state, certain building(s), etc.)</p> <p>Does your organization offer advanced life support (ALS)? <b>G</b> yes    <b>G</b> no    If yes, complete the section below. <span style="float: right;">If no, see reverse.</span></p>								

**COMPLETE ONLY IF YOUR ORGANIZATION PROVIDES ADVANCED LIFE SUPPORT**

**For ALS organizations:** • Answer the following questions    • Have your Medical Director sign below    • Attach all required documents to this application.

Is your medical director the same as the medical director of the transporting provider. **G** yes    **G** no  
If **no**, there must be a written agreement between the first responder medical director and the transporting medical director. **Attach a copy of the agreement.**

Do you have any agreement with a Basic Life Support (BLS) provider that stipulates that your ALS personnel will accompany the patient when ALS care has been initiated by the first responder? **Attach a copy of the agreement.** **G** yes    **G** no

Signed \_\_\_\_\_ Date \_\_\_\_\_  
(Medical Director of the First Responder Organization)

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# ATTENTION

**The first responder organization must attach a letter of agreement outlining the cooperative relationship with a licensed EMS provider.** The letter must be signed by the administrator of the first responder organization and the administrator of the EMS provider unless both belong to the same organization. In cases where the first responders and EMS providers are all responsible to the same governing body, the letter may be signed by the person with signature authority for that governing body.

The first responder organization must also submit a letter from a governmental agency acknowledging that the organization provides first response in that jurisdiction.

## PLEASE ATTACH THE FOLLOWING TO THIS APPLICATION:

1. Letter of agreement with a licensed EMS provider;
2. Letter of acknowledgment from a governmental agency; and
3. A list of your EMS certified personnel.

**EMS PROVIDER INFORMATION** (Enter data pertaining to the transporting EMS provider you will be contracting with. If more than one, please include all information on an attachment.)

Firm Name:						License Expiration:		
Mailing Address:						Street Address:		
City:		TX	Zip:		County:		Tel. #:	(    )
Administrator Name:						Tel. #:	(    )	
Medical Director Name:						Tel. #:	(    )	

## SIGNATURE REQUIRED:

I affirm that all information submitted on this form is true and correct.

Signed \_\_\_\_\_ Date \_\_\_\_\_  
(Administrator of First Responder Organization)

Send this completed form, with all required information and documentation to the appropriate regional EMS office.

No fee is required. After receiving the completed application and all required documentation, we will return a letter of acknowledgment. First Responder Organizations are registered for two years. The initial registration may be for less than two years to coordinate with the license expiration date of the transporting EMS provider.



**TEXAS DEPARTMENT OF HEALTH  
EMERGENCY MEDICAL SERVICES  
FIRST RESPONDER ORGANIZATION PERSONNEL FORM**

Please return to: Public Health Region \_\_\_\_

Name of Firm: \_\_\_\_\_ City: \_\_\_\_\_

	(Please Alphabetize) Last Name, First Name	Level	Social Security #	Address, City, Zip Code	Exp. Date	Paid or Vol.
1						
2						
3						
4						
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15						
16						
17						
18						

I CERTIFY THE ABOVE INFORMATION TO BE TRUE AND CORRECT \_\_\_\_\_  
SIGNATURE OF FIRM REPRESENTATIVE

PRINT NAME AND TITLE: \_\_\_\_\_ DATE: \_\_\_\_\_

(Attach additional pages, if necessary)